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|   |  |                        |  |
|---|--|------------------------|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) |  | Attorney Docket No.    | 10930-261US SC/mb  |
|   |  | First Inventor         | Jess TREMBLAY  |
|   |  | Title                  | MECHANISM FOR SYNCHRONIZING THE MOVEMENT OF THE<br>HANDLEBARS OF AN EXERCISE APPARATUS |
|   |  | Express Mail Label No. |  |

|   |  |   |
|---|--|---|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.   |  | ADDRESS TO: Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231  |
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.  |  |   |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 10]<br>(preferred arrangement set forth below)<br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix.<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure |  |   |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]  |  |   |
| 5. Oath or Declaration [Total Pages 2]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br>(for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).  |  |   |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.  |  |   |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |  |   |
| 10. <input type="checkbox"/> 37 C.F.R. 3.73 (b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)   |  |   |
| 11. <input type="checkbox"/> English Translation Document (if applicable)   |  |   |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  |  |   |
| 13. <input type="checkbox"/> Preliminary Amendment  |  |   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)   |  |   |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)   |  |   |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent   |  |   |
| 17. <input type="checkbox"/> Other: _____   |  |   |


18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an application Data Sheet under 37 CFR 1.76:

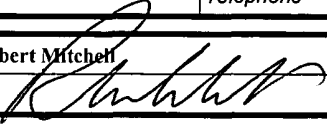
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.


|   |           |
|---|-----------|
| 19. <input type="checkbox"/> Customer Number or Bar Code Label  <input checked="" type="checkbox"/> Correspondence address below |           |
| Name _____  |           |
| Address _____   |           |
| City  | State     |
| Country   | Telephone |
| Postal Code or Zip Code   | Fax       |

|                   |   |                                   |               |
|-------------------|---|-----------------------------------|---------------|
| Name (Print/Type) | Robert Mitchell   | Registration No. (Attorney/Agent) | 25007         |
| Signature         |  | Date                              | July 17, 2003 |

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07/18/03

|   |  |                          |               |
|---|--|--------------------------|---------------|
| <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2003</h2> <p style="text-align: center;"><i>Patent fees are subject to annual revision.</i></p> |  | <b>Complete if Known</b> |               |
|   |  | Application Number       |               |
|   |  | Filing Date              |               |
|   |  | First Named Inventor     | Jess TREMBLAY |
|   |  | Examiner Name            |               |
|   |  | Group /Art Unit          |               |
| TOTAL AMOUNT OF PAYMENT   |  | (\$ ) 375.00             |               |
|   |  | Attorney Docket No.      |               |

| <b>METHOD OF PAYMENT</b>  |          | <b>FEE CALCULATION (continued)</b>  |          |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
|---|----------|---|----------|--|------------------------|--------------------|----------|-----------------|----------|----------------|------------------------|----------|----------|------|-----|-----------------------------------|--------|-------------------------------------|------|------|---------------------------------------|-------------------|----|--|-----|---|------|------------------|---------|---------------------------|--|-------------------|-------|--------------------|-------|--|-----|------|------|------------------------|--------|--|---|------|--------|------|--------|---|---|------|-----|------|----|--|--|------|-----|------|-----|---|---|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|--|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit over payments to:</p> <p>Deposit Account Number: 19-5113</p> <p>Deposit Account Name: Ogilvy Renault</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p>  |          | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,970</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection(37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">Other fee (specify)</td> <td></td> <td></td> </tr> </tbody> </table> |          | Large Entity   |                        | Small Entity       |          | Fee Description | Fee Paid | Fee Code       | Fee (\$)               | Fee Code | Fee (\$) | 1051 | 130 | 2051                              | 65     | Surcharge - late filing fee or oath |      | 1052 | 50                                    | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053  | 130  | 1053             | 130     | Non-English specification |  | 1812              | 2,520 | 1812               | 2,520 | For filing a request for reexamination |     | 1804 | 920* | 1804                   | 920*   | Requesting publication of SIR prior to Examiner action |   | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |   | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |   | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,970 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection(37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid               |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1051  | 130      | 2051  | 65       | Surcharge - late filing fee or oath  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1052  | 50       | 2052  | 25       | Surcharge - late provisional filing fee or cover sheet                     |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1053  | 130      | 1053  | 130      | Non-English specification  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1812  | 2,520    | 1812  | 2,520    | For filing a request for reexamination                                     |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1804  | 920*     | 1804  | 920*     | Requesting publication of SIR prior to Examiner action                     |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1805  | 1,840*   | 1805  | 1,840*   | Requesting publication of SIR after Examiner action                        |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1251  | 110      | 2251  | 55       | Extension for reply within first month                                     |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1252  | 410      | 2252  | 205      | Extension for reply within second month                                    |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1253  | 930      | 2253  | 465      | Extension for reply within third month                                     |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1254  | 1,970    | 2254  | 725      | Extension for reply within fourth month                                    |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1255  | 1,970    | 2255  | 985      | Extension for reply within fifth month                                     |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1401  | 320      | 2401  | 160      | Notice of Appeal   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1402  | 320      | 2402  | 160      | Filing a brief in support of an appeal                                     |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1403  | 280      | 2403  | 140      | Request for oral hearing   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1451  | 1,510    | 1451  | 1,510    | Petition to institute a public use proceeding                              |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1452  | 110      | 2452  | 55       | Petition to revive - unavoidable   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1453  | 1,300    | 2453  | 650      | Petition to revive - unintentional   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1501  | 1,300    | 2501  | 650      | Utility issue fee (or reissue)   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1502  | 470      | 2502  | 235      | Design issue fee   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1503  | 630      | 2503  | 315      | Plant issue fee  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1460  | 130      | 1460  | 130      | Petitions to the Commissioner  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1807  | 50       | 1807  | 50       | Petitions related to provisional applications                              |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1806  | 180      | 1806  | 180      | Submission of Information Disclosure Stmt                                  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 8021  | 40       | 8021  | 40       | Recording each patent assignment per property (times number of properties) |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1809  | 750      | 2809  | 375      | Filing a submission after final rejection(37 CFR § 1.129(a))               |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1810  | 750      | 2810  | 375      | For each additional invention to be examined (37 CFR § 1.129(b))           |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1801  | 750      | 2801  | 375      | Request for Continued Examination (RCE)                                    |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1802  | 900      | 1802  | 900      | Request for expedited examination of a design application                  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| Other fee (specify)   |          |   |          |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |          |   |          |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| <b>FEE CALCULATION</b>  |          |   |          |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>375.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$)</td> <td></td> <td>375.00</td> </tr> </tbody> </table> |          | Large Entity  |          | Small Entity   |                        | Fee Description    | Fee Paid | Fee Code        | Fee (\$) | Fee Code       | Fee (\$)               | 1001     | 750      | 2001 | 375 | Utility filing fee                | 375.00 | 1002                                | 330  | 2002 | 165                                   | Design filing fee |    | 1003   | 520 | 2003  | 260  | Plant filing fee |         | 1004                      | 750  | 2004              | 375   | Reissue filing fee |       | 1005                                   | 160 | 2005 | 80   | Provisional filing fee |        | SUBTOTAL (1) (\$)                                      |   |      |        |      | 375.00 |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid               |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1001  | 750      | 2001  | 375      | Utility filing fee   | 375.00                 |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1002  | 330      | 2002  | 165      | Design filing fee  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1003  | 520      | 2003  | 260      | Plant filing fee   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1004  | 750      | 2004  | 375      | Reissue filing fee   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1005  | 160      | 2005  | 80       | Provisional filing fee   |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| SUBTOTAL (1) (\$)   |          |   |          |  | 375.00                 |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Independent Claims</th> <th colspan="2">Multiple Dependent</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>20</td> <td></td> <td>- 20**=</td> <td></td> <td>0</td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> <td>-</td> </tr> <tr> <td></td> <td>2</td> <td></td> <td>- 3**=</td> <td></td> <td>0</td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> <td>-</td> </tr> <tr> <td colspan="11"></td> <td>-</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p>        |          | Total Claims  |          | Independent Claims   |                        | Multiple Dependent |          | Extra Claims    |          | Fee from below |                        | Fee Paid |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   | 20   |                  | - 20**= |                           | 0  |                   | X     |                    | =     |  | -   |      | 2    |                        | - 3**= |  | 0 |      | X      |      | =      |   | - |      |     |      |    |  |  |      |     |      |     |   | - |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| Total Claims  |          | Independent Claims  |          | Multiple Dependent   |                        | Extra Claims       |          | Fee from below  |          | Fee Paid       |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
|   |          |   |          |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
|   | 20       |   | - 20**=  |  | 0                      |                    | X        |                 | =        |                | -                      |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
|   | 2        |   | - 3**=   |  | 0                      |                    | X        |                 | =        |                | -                      |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
|   |          |   |          |  |                        |                    |          |                 |          |                | -                      |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| <p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th rowspan="2">Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="4">SUBTOTAL (2) (\$)</td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see above</p>     |          | Fee Code  | Fee (\$) | Fee Code   | Fee (\$)               | Fee Description    | 1202     | 18              | 2202     | 9              | Claims in excess of 20 | 1201     | 84       | 2201 | 42  | Independent claims in excess of 3 | 1203   | 280                                 | 2203 | 140  | Multiple dependent claim, if not paid | 1204              | 84 | 2204   | 42  | ** Reissue independent over original patent | 1205 | 18               | 2205    | 9                         | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) (\$) |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) | Fee Description  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1202  | 18       | 2202  | 9        |  | Claims in excess of 20 |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid                                      |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent over original patent                                |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent                 |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
| SUBTOTAL (2) (\$)   |          |   |          |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |
|   |          | <p>* Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) (\$)</p>  |          |  |                        |                    |          |                 |          |                |                        |          |          |      |     |                                   |        |                                     |      |      |                                       |                   |    |  |     |   |      |                  |         |                           |  |                   |       |                    |       |  |     |      |      |                        |        |  |   |      |        |      |        |   |   |      |     |      |    |  |  |      |     |      |     |   |   |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |

|                   |   |                                   |               |
|-------------------|---|-----------------------------------|---------------|
| SUBMITTED BY      |   | Complete (if applicable)          |               |
| Name (Print/Type) | Robert Mitchell   | Registration No. (Attorney/Agent) | 25007         |
| Signature         |  | Telephone                         | 514 847-4290  |
|                   |   | Date                              | July 17, 2003 |